PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further condicated unless corrected maintenance fee notification	below or directed off	ng the Patent, advance of herwise in Block 1, by (orders and notification of n (a) specifying a new corres	naintenance fees w pondence address;	and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block for any change of address)				s) Transmittal. Thi	mailing can only be used for secretificate cannot be used a paper, such as an assignment of mailing or transmission.	for any other accompanying	
79998	7590 11/16	/2010	nave				
Thomas Spinelli, Esq. 14 Mystic Lane Northprot, NY 11768				Certify that the certify that the service we seed to the Mail smitted to the USF	tificate of Mailing or Trans is Fee(s) Transmittal is bein vith sufficient postage for fir Stop ISSUE FEE address FO (371) 273-2885, on the o	mission gdeposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
						(Depositor's name)	
7		4	(Signature)				
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/633,846			Jahangir S. Rastegar		10016	5665	
		TY COMMUNICATIO	N BETWEEN A TRANSM	ITTER AND RECI	2.6.6	3000	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0 .	\$1055	02/16/2011	
EXAMIN	1ER	ART UNIT	CLASS-SUBCLASS				
WANG, TED M		2611	375-259000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attorney.	For printing on the patent front page, list I the names of up to 3 registered patent attorneys agents OR, alternatively, I the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.			
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	e)			
(A) NAME OF ASSIGN	EK PAF	RTNERS	(B) RESIDENCE; (CITY	and STATE OR C	nkoma, N	Y	
Please check the appropria	te assignee category or	categories (will not be p	orinted on the patent):	Individual W Co	rporation or other private gr	oup entity U Government	
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 2 9 13 each			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form Process-issuanced. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity State a, Applicant claims			☐ b. Applicant is no long	ger claiming SMAL	LL ENTITY status: See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re-	Publication Fee (if requered of the United Sta	uired) will not be accepted	ed from anyone other than the Office.	ie applicant; a regi	stered attorney or agent; or t	he assignee or other party in	
Authorized Signature	7 =	Thomas	Somell	Date_F	eb 5, 20,	<u> </u>	
Typed or printed name			July Cill	Registration N			
This collection of informat an application. Confidentia submitting the completed a this form and/or suggestion	ion is required by 37 C dity is governed by 35 application form to the as for reducing this but	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will vari den, should be sent to the	on is required to obtain or r 1.14. This collection is est y depending upon the indiv ne Chief Information Office	etain a benefit by the imated to take 12 n idual case. Any corr. U.S. Patent and	ne public which is to file (an ninutes to complete, includir mments on the amount of ti Trademark Office, U.S. Dep	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce. P.O.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.